No. 300
10-48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3622

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
c. LENGTH OF STAY (In this place) 8 y
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 401 Jett

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
d. STREET ADDRESS (If rural, give location) 401 Jett

3. NAME OF DECEASED (Type or Print) a. (First) Archie b. (Middle) / c. (Last) Skaggs

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1949

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 20, 1871

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 3 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jefferson Skaggs

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Emma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn 1920 Telegraph

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (apoplexy) — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Chronic
DUE TO (c) Senility 92

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mitral insufficiency — Chronic

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1945, *to* Jan 5, 1949, *that I last saw the deceased alive on* Jan 5, 1949, *and that death occurred at* 5:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE Troy C Rutledge (Degree or title) MD

23b. ADDRESS 7706 Forsyth Clayton

23c. DATE SIGNED 1/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 8 1949

24c. NAME OF CEMETERY OR CREMATORY Sunset

24d. LOCATION (City, town, or county) (State) Affton Mo.

DATE REC'D BY LOCAL REG. 1-8-49

REGISTRAR'S SIGNATURE Thomas L. Lemmon MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Vasco M. Seizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.